

Summary 2002
Consumer Information Report for
Facilities for the Developmentally Disabled (FDDs)

HEARTHSIDE REHABILITATION CENTER

9325 N. GREEN BAY RD.
 BROWN DEER, WI 53209
 (414)354-4800

License Number: 3182
Number of Licensed Beds: 175
Medicare Certified? NO
Medicaid Certified? YES
Ownership Type: GOVERNMENTAL STATE
Owner: STATE DIV OF DISABLED AND ELDERLY SERVICES

Staff Retention Rates

FDD Staff	Staff Retention Rates (Percent of staff employed for at least one year)		
	This FDD	Milwaukee County Average (3 FDDs)	State of Wisconsin Average (38 FDDs)
Full-time Nurses (RNs)	NA-Not available	95%	92%
Part-time Nurses (RNs)	NA	40%	82%
Full-time Nurses (LPNs)	NA	100%	93%
Part-time Nurses (LPNs)	NA	77%	81%
Full-time Nurse Aides	NA	86%	81%
Part-time Nurse Aides	NA	51%	75%

See the back of this page for more summary information. This summary was prepared by the Bureau of Quality Assurance, Division of Disabled and Elderly Services , Wisconsin Department of Health & Family Services. See the full Consumer Information Report, 2002 on the internet at <http://www.dhfs.state.wi.us/bqaconsumer/NursingHomes/CIRindex.htm>. The full report and the most recent survey report is also available in the facility, or can be requested from the Bureau at (608)266-8368.

Federal Violations Cited in State "Inspection" Surveys for

HEARTHSIDE REHABILITATION CENTER

This summary table provides a count of federal violations cited for this FDD in 2002, by category of violation. County and state averages are shown as comparison data. Surveys are conducted by the State survey agency at least every 12 months, and may be conducted more often. See the full Consumer Information Report, 2002 for details.

Federal Regulation Categories*	Federal Violations		
	Total Number of Cites For This Facility	Average # Cites for Milwaukee County (3 FDDs)	Average # of Cites for State of Wisconsin (38 FDDs)
*Each category consists of many specific regulations. See detail in Consumer Information Report.			
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Provide sufficient staff to provide direct care to residents.	8	4	1.5
Resident Services: Provide services that meet state standards. Example: Provide preventive medical care.	9	5	1.2
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide a continuous active treatment program.	8	5	0.9
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	7	2	0.9
Freedom from Restraints/Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	1	0	0.1
Other Administrative Violations	4	1	0.3
Total Number of Violations	37	18	4.9

INTRODUCTION

HEARTHSIDE REHABILITATION CENTER

9325 N. GREEN BAY RD.
BROWN DEER
(414)354-4800

- License Number: 3182
- BQA Regional Office: SOUTHEASTERN
- This facility is licensed to operate as a Facility for the Developmentally Disabled (FDD)
- The owner of this FDD (the licensee) is:
STATE DIV OF DISABLED AND ELDERLY SERVICES
- This FDD is under GOVERNMENTAL STATE ownership.
- The 2002 Level of Federal Certification for this FDD is:
Medicaid (Title 19) Nursing Facility (NF)

SECTION 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2002. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all FDDs of similar size.

SECTION 2 provides information about **staff turnover** and **staff retention** rates at this FDD in 2002. It compares these rates to the averages for all FDDs of similar size.

SECTION 3 describes the most recently available information on this FDD's **level of nurse staffing**, compared to the level required by State code.

APPENDICES include: [Appendix A](#) - a list of **resource agencies** for consumers; [Appendix B](#) and [C](#) - **formulas** to calculate nursing staff turnover, retention rates and staffing percentages; and [Appendix D](#) - **statewide averages** for information in Sections 1-3.

SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

Facilities for the Developmentally Disabled (FDDs) in Wisconsin operate under rules enacted by the Federal government (for the Medicaid program) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Disabled and Elderly Services, Bureau of Quality Assurance, conduct unannounced inspections at each FDD at least once each year to determine if the FDD complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, and to investigate complaints.

When state surveyors determine that an FDD is not in compliance with a Federal regulation, the FDD is cited with a violation or "deficiency". The number and type of violations cited in 2002 surveys are described in this report.

The number of Federal regulation deficiencies cited in Wisconsin FDDs during 2002 surveys ranged from **0 to 37, with an average of 5 deficiencies.**

In 2002 surveys, HEARTHSIDE REHABILITATION CENTER, BROWN DEER, which has 175 licensed beds, was cited with:

37 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for an FDD with 100 - 199 beds was 21.5.

In addition, this home was cited with 0 federal building safety violations. The statewide average in 2002 was 2.7 federal building safety violations.

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered process which places emphasis on individual outcomes. Surveyors observe the delivery of active treatment and interview individuals, families, advocates and staff to confirm that the individual's needs are appropriately and adequately met on a consistent basis.

If this home was cited with Federal deficiencies in 2002 surveys, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FRA), and Other Violations (OT). **A deficiency may be listed more than once if it was cited more than once during the year.**

ACTIVE TREATMENT SERVICES/PROGRAM (QC) 11/22/2002
ADMIT/TRANS/DISCHARGE-CLIENTS NEED AT (QL) 11/22/2002
CLIENT RTS-ALL VIOLATIONS INVESTIGATED (QL) 11/22/2002
CLIENT RTS-ALLEGATIONS OF ABUSE REPORTED (QL) 10/16/2002
CLIENT RTS-ALLEGATIONS OF ABUSE REPORTED (QL) 11/22/2002
CLIENT RTS-PARTICIPATE IN GROUP ACTIVITIES (RR) 11/22/2002
CLIENT RTS-POLICIES/PRO THAT PROHIBIT ABUSE (FR) 11/22/2002
CLIENT RTS-PREVENT FURTHER ABUSE (QL) 11/22/2002
CLIENT RTS-RESULTS INVEST REPORTED TO ADMIN (QL) 11/22/2002
CLIENT RTS-RETAIN PERSONAL POSSESSIONS (RR) 11/22/2002
CLIENTS RTS-ENCOURAGE EXERCISE RIGHTS (RR) 11/22/2002
CLIENTS RTS-INFORM CLIENT OF CONDITION (RR) 11/22/2002
COMMUNICATION-NOTIFY OF CHANGES IN CONDITIONS (QC) 10/16/2002
CONTINUOUS ACTIVE TREATMENT PROGRAM (QC) 11/22/2002
DINING STAFF-CONSISTENT WITH DEVELOP LEVEL (RS) 11/22/2002
DRUG ADMIN-CLIENT TAUGHT ADMIN (RS) 11/22/2002
EACH CLIENT RECEIVES ACTIVE TREATMENT (QC) 11/22/2002
FACILITY PRACTICES-INTERVEN NOT ACTIVE TREATMENT (QL) 11/22/2002
FACILITY PRACTICES-MANAGE INAPPRO BEHAVIOR (QL) 11/22/2002
FACILITY STAFFING (QC) 11/22/2002
FUNCTIONAL ASSESSMENT-STATES OBJECTIVES (RS) 11/22/2002
FUNCTION ASSESSMENT-IDENTIFY MANAGEMNT NEEDS (RS) 11/22/2002
GOVERNING BODY & MANAGEMENT (OT) 11/22/2002
GOVERNING BODY-EXERCISE POLICY BUDGET (OT) 11/22/2002
ICF/MR SERVICES (OT) 11/22/2002
IND PROGRAM PLAN-CLIENT SELF-MANAGEMENT (RS) 11/22/2002
IND PROGRAM PLAN-TRNG IN PERSONAL SKILLS (RS) 11/22/2002
INDIVIDUAL PLAN-EACH CLIENT MUST HAVE PLAN (RR) 11/22/2002
INDIVIDUAL PLAN-PARTICIPATION BY CLIENT (RR) 11/22/2002
INFECTION CONTROL-SANITARY ENVIRONMENT (QC) 11/22/2002

MD SERVICES-EVALUATION VISION HEARING (RS) 11/22/2002
PROGRAM MONITORING-REVIEW DRUG USAGE PRACTICE (RS) 11/22/2002
SERVICES UNDER CONTRACT-CLIENT PROTECTIONS (RR) 11/22/2002
SERVICES UNDER CONTRACT-SERVICES MEET NEEDS (RS) 11/22/2002
SPACE-MAINTAIN IN GOOD REPAIR (OT) 11/22/2002
STAFF TRNG-TO PERFORM DUTIES FOCUS ON NEEDS (QC) 11/22/2002
TREATMENT PROG MANAGED BY QUAL MR PROFESSIONAL (QC) 11/22/2002

For further information about violations, ask the administrator of this facility to see the facility's most recent survey report, or contact the Bureau of Quality Assurance (608)266-8368.

SECTION 2 - STAFF TURNOVER AND RETENTION

Nursing Staff:

This section provides two measures describing the rate of change among nursing employees from January 1, 2002 through December 31, 2002: a "turnover rate" and a "retention rate." The turnover rate is based on new hires during the year as a proportion of total staffing in a category. The retention rate is based on the proportion of staff in a category at the beginning of the year who are still employed by the end of the year. The formulas used to calculate nurse staffing turnover and one-year retention rates are explained in [Appendix B](#).

Rates are calculated separately for full-time employees, persons working 37.5 hours or more per week, and part-time employees, persons working less than 37.5 hours per week. An "NS" indicates the FDD reported having *no staff* in that particular category.

Registered nurses (RNs) are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. In 2002, this FDD had:

- | |
|---|
| <ul style="list-style-type: none">• A turnover rate for full-time RNs of NA %,
vs. 10% statewide and 0% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A turnover rate for part-time RNs of NA %,
vs. 21% statewide and 0% across all FDDs
with 100 - 199 beds. |

In some cases, the turnover rate might be artificially high because one position changes frequently throughout the year. For example, if an FDD with ten nurses had one position that was filled by five people throughout the year, the turnover rate is 50% (5 divided by 10) even though nine of the ten nurses did not change. The "retention rate" captures a sense of the stability of staff outside of the positions that changed frequently. In the example just used, the one-year retention rate is 90% (i.e., nine of the ten nurses had worked at least one year).

In 2002, this FDD had:

- | |
|---|
| <ul style="list-style-type: none">• A retention rate for full-time RNs of NA%,
vs. 92% statewide and 100% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A retention rate for part-time RNs of NA%,
vs. 82% statewide and 100% across all FDDs
with 100 - 199 beds. |

Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. At this FDD in 2002, there was:

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| <ul style="list-style-type: none">• A turnover rate for full-time LPNs of NA%,
vs. 15% statewide and 0% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A turnover rate for part-time LPNs of NA%,
vs. 26% statewide and NA% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A retention rate for full-time LPNs of NA%,
vs. 93% statewide and 100% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A retention rate for part-time LPNs of NA%
vs. 81% statewide and NA% across all FDDs
with 100 - 199 beds. |

Nursing assistants (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses. At this FDD in 2002, there was:

- | |
|--|
| <ul style="list-style-type: none">• A turnover rate for full-time NAs of NA%,
vs. 34% statewide and 54% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A turnover rate for part-time NAs of NA%,
vs. 36% statewide and 27% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A retention rate for full-time NAs of NA%,
vs. 81% statewide and 73% across all FDDs
with 100 - 199 beds. |
| <ul style="list-style-type: none">• A retention rate for part-time NAs of NA%,
vs. 75% statewide and 83% across all FDDs
with 100 - 199 beds. |

SECTION 3 - DIRECT CARE STAFFING PERCENTAGE

Each FDD is required by law to provide a minimum number of direct care hours based on the number of residents it has and the type of care those residents require. When the number of required hours is compared to the number of hours actually worked, the result is the "staffing percentage." For example, if an FDD was staffed at exactly the minimum number of hours required, that facility was staffed at 100%. If the FDD provided 10% more direct care hours than required, the staffing percentage was 110%. If the FDD provided 10% fewer direct care hours than required, the staffing percentage was 90%.

A staffing percentage of 100% or higher indicates that the FDD meets state-required minimum staffing levels. However, a higher staffing level may be required to adequately meet the needs of the residents. This FDD had:

A direct care staffing percentage of NA%, vs. a range of 101% to 383% statewide and an average of 181% across all FDDs with 100 - 199 beds.

This facility's most recently available staffing percentage, relative to other FDDs, can be seen in the following chart. This chart depicts the number of facilities whose staffing percentage is at intervals of 25% from the required state minimums.

Staffing Percentage	FDDs
Not Available	1
100.0 – 124.9	4
125.0 – 149.9	12
150.0 – 174.9	8
175.0 – 199.9	6
200.0 – 224.9	2
225.0 – 249.9	0
250.0 + Over	5

The formula used to calculate the staffing percentage is explained in [Appendix C](#). Statewide averages of direct care percentages can be found in [Appendix D](#).